

The Food Bank of Western Massachusetts

BROWN BAG: FOOD FOR ELDER

REGISTRATION FORM

PLEASE COMPLETE AND MAIL THIS FORM TO:

The Food Bank of Western Massachusetts
97 North Hatfield Road, PO Box 160
Hatfield, MA 01038
Telephone: (413) 247-9738, (800) 247-9632; Fax: (413) 247-9577



Please print. Income verification may be requested.

NAME _____

MAILING ADDRESS _____

STREET ADDRESS (If Different) _____

CITY _____ **ZIP** _____

PHONE _____

YEAR OF BIRTH _____ If you are under 55, do you have a documented disability? _____

SEX _____ **LANGUAGE SPOKEN AT HOME** _____ **RACE** _____

AT WHICH SITE WILL YOU PICK UP YOUR BROWN BAG? _____

DO YOU RECEIVE ANY OF THE FOLLOWING? (Please circle all that apply)

Food Stamps	TANF	Veteran's Aid
Fuel Assistance	WIC	Medicaid (MassHealth)
Head Start	Welfare	Supplemental Security Income (SSI)

*If you did **NOT** circle any of the above:*

What is the total MONTHLY income for your HOUSEHOLD? _____

Who else lives in your household?

Name	Race	Sex	Year of Birth

Would you like to volunteer at your Brown Bag site? _____

Have you asked someone else to pick up your bag for you? _____

If yes: DELIVERER'S NAME _____ **PHONE** _____

YOUR SIGNATURE _____ **DATE** _____